

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000405

1. Limited Liability Company's Name

Padillas's Marina
1310 NW 12 Avenue
Miami, FL 33125

2. Principal Office Address

1310 NW 12 Avenue

Suite, Apt. #, etc.

City & State
Miami, FL 33125

Zip 33125 Country USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Florida- USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number 65-0519174

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
Rene Padilla

Street Address (P.O. Box Number is Not Acceptable)
1310 NW 18 Avenue

Suite, Apt. #, Etc.

City Miami,

State
FL Zip Code
33125

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Padilla, Julian	1310 NW 18 Avenue	Miami, Fl 33125
MGRM	Padilla, Robert	1310 NW 18 Avenue	Miami, Fl 33125

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Julian Padilla

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*****150.00 *****150.00

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